

TREXLER, BUSHNELL, GIANGIORGI, BLACKSTONE & MARR, LTD.
COUNSELORS AT LAW
THE CLARK ADAMS BUILDING
105 WEST ADAMS STREET, SUITE 3600
CHICAGO, ILLINOIS 60603-6299
(312) 704-1890

RICHARD R. TREXLER (1906-1995)
RICHARD A. GIANGIORGI
RAIFORD A. BLACKSTONE, JR.
DAVID J. MARR
LINDA L. PALOMAR
JAMES R. FOLEY
JAMES A. O'MALLEY
TIMOTHY M. MCCARTHY
PAIGE A. KITZINGER

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TO: Attn.: Examiner Michael M. Thompson FROM: Mr. James R. Foley, Reg. No. 39,979

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NOTES: Inventor: Richard M. Davis et al.
For: ACTUATING MECHANISM
FOR FLUID DISPLACEMENT
AND PRESSURIZING DEVICE

Serial No.: 10/045,392

Filed: November 9, 2001

Art Unit: 3763

Attorney Ref.: 285/39093A/395A

CERTIFICATION OF FACSIMILE TRANSMISSION

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FORM PTO-1083

Case Docket No. 285/39093A/395A

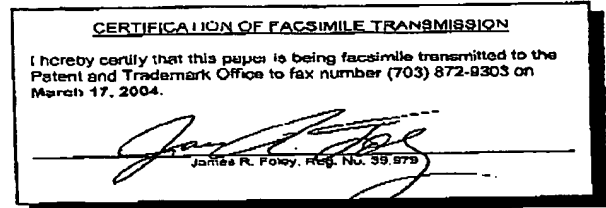
In re application of: Richard M. Davis et al.

Serial No.: 10/045,392

Filed: November 9, 2001

For: **ACTUATING MECHANISM FOR FLUID
DISPLACEMENT AND PRESSURIZING DEVICE**

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Sir:

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The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
TOTAL	* 13	MINUS	** 20	0
INDEP.	* 1	MINUS	*** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
Rate	Addit. Fee
x 9 =	\$.00
x 43 =	\$.00
+ 135 =	\$.00
TOTAL ADDIT. FEE	\$ 324.00

OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee
x 18 =	\$.00
x 86 =	\$.00
+ 280 =	\$.00
TOTAL	\$.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____ to cover the fee for extra claims.
 A duplicate copy of this sheet is enclosed.

☐ A check in the amount of _____ to cover the filing fee is also enclosed.

☒ The Commissioner is hereby authorized to charge any insufficient payment associated with this communication or credit any overpayment to Deposit Account No. 20-1495.

☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17

Dated: March 17, 2004

Richard A. Changiorgi
Richard A. Changiorgi Reg. No. 24,284
James R. Foley
James R. Foley Reg. No. 39,979
Attorneys of Record

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